



ACCOUNT OPENING APPLICATION FORM - PIKININI

CIF No.

Date

The Manager,
Pan Oceanic Bank

For Bank Use Only

Account No.

Soloman Islands

I hereby request you to open a children's savings account in the name of the minor as stated below.
(Please complete all details in BLOCK CAPITAL letters and (TICK)/ delete where applicable)

Currency

DETAILS OF PIKININI

1. Name in Full

2. Date of Birth

3. Birth Certificate No

4. Gender Male Female

5. Nationality

6. Residence Address

7. Mailing Address

PARENTS / GUARDIAN DETAILS

8. Name in Full (Mr./Mrs./Miss/Ms.)

9. Date of Birth

10. ID No.

11. Passport No.

12. Permanent Address of Parent / Guardian

13. Resident Non Resident

14. Telephone Numbers. Residence

Mobile

E-Mail

15. Residence Address

16. Relationship with Minor

17. Occupation / Designation

18. Name and Address of Employer

Business No

Fax No

E-Mail

REQUIREMENT FOR ACCOUNT STATEMENT

Please forward Account Statement as indicated.

Post E-mail Monthly Quarterly

(For Savings A/C statement will be sent quarterly only)

KYC DETAILS

(To be completed by the staff member handling the opening of an account on interviewing the applicant.)
Purpose of opening the account & usage.

<input type="checkbox"/> Business transactions	<input type="checkbox"/> Family inward remittance	<input type="checkbox"/> Loan payment
<input type="checkbox"/> Employment/Professional income	<input type="checkbox"/> Savings/Investments	<input type="checkbox"/> Others(specify).....

Source of funds: Expected source and nature of credits into the account

<input type="checkbox"/> Donations/Charities (Local /Foreign)	<input type="checkbox"/> Salary/Profit income	<input type="checkbox"/> Family remittance
<input type="checkbox"/> Sales and business turn over	<input type="checkbox"/> Sale of property/Assets	<input type="checkbox"/> Others(specify)

Expected deposits to be routed through the account p.m. (SBD)	<input type="checkbox"/> Less than 15,000	<input type="checkbox"/> Above 15000 to 50000	<input type="checkbox"/> Over 50,000
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Source of wealth /Income generation

<input type="checkbox"/> Business ownership	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investment	<input type="checkbox"/> Profession / Employment	<input type="checkbox"/> Others (Please specify)
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Document obtained for address verification

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Signature of Parent / Guardian

FOR BANK USE ONLY

Account Opening Form & required documents verified and found to be in order.

Interviewed and authorized to open the Current Account.

..... Signature	Sig.Ref.No. Authorized Officer
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..... Signature	BASEL CODE Sig.Ref.No. Branch Manager/Designated A Class Officer
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Date

Date

MIS Codes (For Quarterly Survey)

Sector Code	<input style="width:95%;" type="text"/>
Subsector Code	<input style="width:95%;" type="text"/>
Industry Code	<input style="width:95%;" type="text"/>
Occupation Code	<input style="width:95%;" type="text"/>

.....
Data input by (Name)
EMP No.

Audited by

..... Signature EMP No.
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Current Account Type

CAGEN	<input style="width:95%;" type="checkbox"/>
CASTF	<input style="width:95%;" type="checkbox"/>
CNRRRA	<input style="width:95%;" type="checkbox"/>
Others (Specify)	<input style="width:95%;" type="text"/>

Data Checked by

Savings Account Type

SAGEN	<input style="width:95%;" type="checkbox"/>
SACAP	<input style="width:95%;" type="checkbox"/>
SASTF	<input style="width:95%;" type="checkbox"/>
SACIT	<input style="width:95%;" type="checkbox"/>
SIA	<input style="width:95%;" type="checkbox"/>
Others (Specify)	<input style="width:95%;" type="text"/>

..... Signature EMP No.
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